

# Credential Application

Remit to:  
 State of Wisconsin  
 Department of Commerce-Credentialing  
 P.O. Box 78780  
 Milwaukee WI 53293-0780  
 Phone (608) 261-8500  
 TDD #: (608) 264-8777  
 7:45 a.m. - 4:30 p.m.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

**THE CREDENTIAL WILL NOT BE  
 PROCESSED UNLESS YOU:**

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

**Instructions:** Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The applicant's social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

Applicant's Signature	Date (mo/day/yr)
<b>Applicant Information</b>	
Applicant's Social Security No:	
Applicant's Name (First, Middle and Last):	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	
If Available, Fax No. (include area code):	
If Available, Internet Address:	
We will be putting phone numbers of cross connection testers on our website listing as we have had many requests for this. If you do not want your phone number listed, please let us know.	

## CROSS CONNECTION CONTROL TESTER REGISTRATION

**Application and Credential Fee (nonrefundable): \$100.00** class code 7630

Make checks payable to: Department of Commerce. The fee consists of a \$10 application fee and a credential fee of \$90. The credential will be effective for 2 years from the date of issuance. Office location: 201 W. Washington Ave, Madison. Mailing address: PO Box 7082, Madison, WI 53707.

**Reason for Credential:** Pursuant to s. 145.06 (3m), Stats., no person may conduct a performance test of a cross connection control device as required by s. Comm 82.21 (3) unless the person holds a credential issued by the department as a registered cross connection control tester.

**Requirements of Credential:** A person who holds the credential shall carry on his or her person the credential issued by the department while performing or conducting the activity or activities permitted under the credential.

**Qualifications for Credential:** A person applying for a cross connection control device tester registration shall have completed at least 40 hours in an approved course or courses in the theory of cross connection control, the operation, testing and maintenance of cross connection control devices, and the national standards for these cross connection control devices. The course or courses shall include instruction in at least:

- Reduced pressure principle backflow preventers;
- Reduced pressure detector backflow preventers;
- Double check backflow prevention assemblies;
- Back siphonage backflow vacuum breakers;
- Double check detector assembly backflow preventers; and
- Double check backflow prevention assemblies.

Listed below are providers that have an approved “Cross Connection Control & Backflow Prevention Course”:

Course Location	Phone	Course Provider
Madison WI	(608) 263-7428	UW-Extension
Mankato MN	(507) 386-0012	Trio Center – Kevin O’Laughlin
Friendship WI	(608) 339-9612	Plumbers Services-James Wehinger Sr
St. Paul MN	(651) 846-1641 (651) 451-2708	St Paul Technical College-Rick Dale (St Paul Area Joint Apprenticeship Committee)
Milwaukee WI	(414) 359-1318	Plumbers Local 75 Education Fund

**ATTACH** to this form evidence that you have completed an approved “Cross Connection Control & Backflow Prevention Course”.